U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		555255012646						
First Inventor		Chao Chen						
Title	Surface Mountable Clip Suitable for Use in a							
_								

(Only for new nonprovisi	onal applications under 37 CFR 1.53(b)) Ex	Express Mail Label No. EV 243776675 US						
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Patents						
See MPEP chapter 600 coi	ncerning utility patent application conte		ADDRESS TO: Box Patent Application Washington, DC 20231						
1. Fee Transmittal (Submit an original and Applicant claims See 37 CFR 1.2' Specification (preferred arrangeme - Descriptive titl - Cross Referer - Statement Re - Reference to s or a computer - Background o	Form (e.g., PTO/SB/17) a duplicate for fee processing) small entity status. 7. [Total Pages 20] et of the invention ice to Related Applications garding Fed sponsored R & D isequence listing, a table, program listing appendix f the Invention	<u> </u>	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies						
	y of the Invention on of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS						
- Detailed Desc - Claim(s) - Abstract of th	ription e Disclosure	1	9. Assignment Papers (cover sheet & document(s)) 10. 7 CFR 3.73(b) Statement Power of Attorney						
4. Drawing(s) (35]	11. English Translation Document (if applicable) Information Disclosure Copies of IDS						
Customer Number or Bar Code Label (Insert Customer No. or Attach) ber code (label here). Correspondence address below									
Name	David B. Cochran, Esq.								
	JONES DAY								
Address	North Point, 901 Lakeside Ave								
City			ate Ohio Zip Code 44114						
Country	USA	Telepho	one (216) 586-3939						
Name (Print/Type)	David B. Cochran, Esq.		Registration No. (Attorney/Agent) 39,142						
Signature	Druis Cool	an	Date 11 24 03						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will Vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

112503

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAI	Complete if Known								
	┺	Application Number							
for FY 2004		Filing Date		<u></u> ,					
Effective 10/01/2003. Patent fees are subject to annual revision.		First Named Inventor Chao		Chen					
	Examiner Name				-				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 950.00	Attorney Docket No. 555255012646								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit card Money Other None	3. ADDITIONAL FEES								
Deposit Account:			Small Fee	Entity Fee	_				
Deposit Account 501432 (555255012646)	Code		Code		Fe	e Description	Fee Paid		
Number	1051	130	2051	65	Surcharge - la	ate filing fee or oath	I		
Deposit Account Jones Day	1052	50	2052		Surcharge - la cover sheet	ate provisional filing fee or	<u> </u>		
Name The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-English	specification	——I		
Charge fee(s) indicated below Credit any overpayments	1812 2	2,520	1812 2	2,520	For filing a red	quest for ex parte reexamination			
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804		Requesting p Examiner act	ublication of SIR prior to ion			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805 1	1,840*	Requesting p Examiner act	oublication of SIR after tion			
FEE CALCULATION	1251	110	2251	55	Extension for	r reply within first month			
1. BASIC FILING FEE	1252	420	2252	210	Extension for	r reply within second month	<u> </u>		
Large Entity Small Entity	1253	950	2253	475	Extension for	r reply within third month	 		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for	r reply within fourth month	<u> </u>		
1001 770 2001 385 Utility filing fee 770	1255 2	2,010	2255	1,005	Extension for	r reply within fifth month	<u> </u>		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of App	peal	<u> </u>		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief	in support of an appeal	<u> </u>		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for o	oral hearing	I		
1005 160 2005 80 Provisional filing fee	1451 1	1,510	1451	1,510	Petition to ins	stitute a public use proceeding	├ ──		
SUBTOTAL (1) (\$) 770.00	1452	110	2452	55	Petition to re-	vive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1	1,330	2453	665	Petition to re	vive - unintentional	├		
Fee from	1501	· 1	2501	665	Utility issue f	fee (or reissue)	L		
Extra Claims below Fee Paid Total Claims 30 -20** = 10 x 18.00 = 180.00	1502	480	2502		Design issue		<u> </u>		
Independent 3 2** - 0 x 86.00 -0.00	1503	640	2503		Plant issue f		I		
Claims 5 2 5 A 50:30 40:00 Multiple Dependent	1460	130	1460			the Commissioner	I		
	1807	50	1807		_	ee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee <u>Fee Description</u>	1806	180	1806			of Information Disclosure Stmt			
Code (\$)	8021	40	8021	40	property (time	ach patent assignment per es number of properties)			
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a subm (37 CFR 1.12	nission after final rejection 29(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each add	ditional invention to be 7 CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	•	Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802		•	expedited examination			
<u> </u>	Other f	Other fee (specify)							
SUBTOTAL (2) (\$) 180.00 **or number previously paid, if greater; For Reissues, see above	*Reduc	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00							
SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) David B. Cochran		Registration No. (Attorney/Agent) 39,142				Telephone 216-586-3939			
Signature Saud Ochou		MONTEV/	nygilU			Date 24	03		

WARNING: Information on this form may become public. Credit card information should no∉ be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.